ARIZONA FORM 99T

Arizona Exempt Organization Business Income Tax Return 2001

							1	
	For taxable year beginning _MM/_ DD//, and ending _MM/_ DD///					CHECK ONE: Original		
	Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079				Cale	CHECK ONE: Calendar year Fiscal year		
Business telephone number	Please	Name			Fede	ral emp	oloyer ID number (FEIN)	
() Туре		Number and street			AZ w	AZ withholding tax number		
Unrelated business activity code	or Print	City or town, state and ZIP code				AZ transaction privilege tax number		
					FOR DOR	JSE ONL	Ý	
68 Check box if:	☐ Thic ic a	first return						
OO CHECK DOX II.	11115 15 a	mistretum Name change Address change						
A Date Arizona operations to	egan	J_DD_J_YYYY_						
B Date of letter granting exe	emption from	Arizona income taxMM/DD/_YYYYY						
C Nature of unrelated trade	or business	activities						
D Did you file an Arizona Fo	rm 99?	Yes No	81		6	6		
E Check federal form filed:	☐ 990T	Other (specify)		CHECK				
					extension us	ed to fil	le return. 82 F	
 2 Apportionment ratio. M 3 Taxable income attribu 4 Enter tax - tax is 6.968 5 Clean Elections Fund Enter the amount of th 6 Clean Elections Fund Taxable 	iness taxable ultistate orga table to Arizo percent of In Tax Reductio e tax reductio Tax Credit. S	Unrelated Trade or Business Taxable Income Come income - from federal Form 990T	if 100% Ar	ne 4) by \$3	55 A	3 4 5 6 6	00 00 00 00 00	
7 Tax liability after Clean	Elections Fu	and tax reduction and tax credit - subtract the sum of lines 5	and 6 fron	n line 4		7	00	
		Tax Payments				_		
		ona Form 120EXT - see instructions	1 1		00			
. ,		Amended returns and instructions	-		00		00	
io Total payments - add ii	nes 8 and 9.	Amended returns - see instructions				10	00	
		Computation of Total Due or Overpayment						
11 Balance of tax due - If	line 7 is larg	er than line 10, enter balance of tax due. Skip line 12				11	00	
		rger than line 7, enter overpayment of tax				12	00	
		ty If Form 220 is attached shock have				13	00	
		ty. If Form 220 is attached, check box Is Fund - Enter the amount of the donation. Amended return:				14 15	00	
		11, 13, 14, and 15. If money is due, payment must accompa				16	00	
		5	-			17	00	
		2002 estimated tax			00	4		
10 Amount to be refunded	cubtract li	no 10 from lino 17				10	00	

Schedule A - Apportionment Formula (Multistate Organizations Only) See instruction pages 5 and 6

Limited to Unrelated Trade or Business Amounts

A1 Property	Factor	Column A	Column A Column B			
Value of real a	and tangible personal property (by averaging the value of	Total	Total Within	Ratio Within		
owned propert	ty at the beginning and end of the tax period; rented	Within	ithin and			
	pitalized value)	Arizona	Without Arizona	A ÷ B		
	ed and rented property			•		
A2 Payroll F						
-	alaries, commissions and other compensation of employees					
A3 Sales Fac						
a. Total sale	s and other gross receipts					
b. Double w	eight Arizona sales and gross receipts	X 2				
	tor (for column A, multiply item a by item b; for column B,					
	ount from item a)			•		
	o - add A1, A2 and A3(c), in column C			•		
A5 Average	apportionment ratio - divide A4 by four (4). Enter the result in o	column C and on page 1, line	2	•		
Certification						
	belief, it is a true, correct and complete return, made in good faith,	for the taxable year stated pursu	iant to the income tax laws of the	e State of Arizona.		
		1	ĺ			
Please						
Sign Here	Signature of officer	Date	Title			
Paid						
Preparer's signature		Date				
Preparer's			Ì			
Use Only	Firm's name (or preparer's, if self-employed)	Preparer's TIN				
	· ····································		I ropardi 3 Till			
	Firm's address		Zip code			